

PROVIDER REQUEST FOR COURSE APPROVALS FOR SEMINARS, WORKSHOPS, CONFERENCES

- Instructions:
1. Please complete and submit a course approval application for each course offered in the seminar, workshop or conference that you wish to receive NHAP credit for.
 2. Please enclose a **\$15.00 fee** (payable to NHAP) for **each** course you are requesting NHAP credit for.
 3. Submit form(s) in duplicate
 4. Application for course approval must be submitted and received by NHAP 30-days prior to course date.
Courses received less than 30-days prior to course date will be denied.

PLEASE PRINT OR TYPE

NAME OF CONTACT PERSON/PROVIDER AND NUMBER		TELEPHONE NUMBER	
ORGANIZATION SPONSORING(IF APPLICABLE):			
PUBLIC ADDRESS OF RECORD (STREET AND NUMBER)		(CITY)	(STATE) (ZIP CODE)
TITLE OF SEMINAR, WORKSHOP OR CONFERENCE:		PROVIDER E-MAIL ADDRESS / WEBPAGE	
DATE(S) OFFERED	TOTAL CLASS HOURS	UNITS (SEMESTER/QUARTER)	
VARIABLE HOURS (MIN. / MAX. HOURS A PARTICIPANT CAN RECEIVE) _____ MINIMUM _____ MAXIMUM		<input type="checkbox"/> 1 DAY <input type="checkbox"/> 2 DAY <input type="checkbox"/> 3 DAY <input type="checkbox"/> 4 DAY <input type="checkbox"/> 5 DAY (OR MORE)	
TYPE OF OFFERING (SEMINAR, CONFERENCE, WORKSHOP, ETC.) <input type="checkbox"/> SEMINAR <input type="checkbox"/> WORKSHOP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (DESCRIBE BELOW)		SEMINAR/WORKSHOP OR CONFERENCE OBJECTIVE:	
SEMINAR / CONFERENCE / WORKSHOP CONTENT: <input type="checkbox"/> RESIDENT CARE <input type="checkbox"/> PERSONNEL MANAGEMENT <input type="checkbox"/> FINANCIAL MANAGEMENT <input type="checkbox"/> ENVIRONMENT MANAGEMENT		<input type="checkbox"/> REGULATORY MANAGEMENT <input type="checkbox"/> ORGANIZATIONAL MANAGEMENT <input type="checkbox"/> PATIENT CARE AND AGING <input type="checkbox"/> ADMINISTRATION, LEADERSHIP, MANAGEMENT <input type="checkbox"/> OTHER (EXPLAIN)	
NUMBER OF COURSES OFFERED IN THE SEMINAR, CONFERENCE, OR WORKSHOP		NUMBER OF COURSE APPROVAL REQUESTS ATTACHED	
TOTAL FEE ENCLOSED \$			

Maintenance of the information requested on this application form is authorized by Section 1416.50 of the Health and Safety Code. No items of information are voluntary; all are required. Failure to provide any of the required information or to submit 30-days prior to seminar, workshop or conference will result in the application being rejected as incomplete.

SIGNATURE OF APPLICANT	DATE
NAME/TITLE (PRINT)	

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR NHAP USE ONLY

Your request for course approval has been reviewed by Program staff and the following decision has been made:

- ☐ The number of courses approved for general (G) credit _____, and number of hours _____.
- ☐ The number of courses approved for Patient Care or Aging (P) _____, and number of hours _____.
- ☐ The number of courses approved for half credit because it is in an allied field.
- ☐ NHAP credit is denied. See enclosed letter.
- ☐ Patient care/aging hours identified in break-out sessions. See enclosed letter.

NHAP SEMINAR NUMBER	APPROVED BY	HOURS APPROVED
COURSE APPROVAL EXPIRATION DATE	DENIED BY	DATE

FOR NHAP OFFICE USE ONLY			
CASH. # _____ NHAP INITIALS AMOUNT	STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Rejected		
	<input type="checkbox"/> Resume(s)		<input type="checkbox"/> Agendas
	<input type="checkbox"/> \$15.00 Fee for each course		Number of courses offered
	STAFF		DATE PROCESSED

THIS FORM MAY BE DUPLICATED